Patent Attorney's Docket No. <u>007550-403</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Harukazu FUKAMI et al

Application No.: 09/869,360

Filed: June 28, 2001

For: BLOOD VESSEL LIPID DEPOSITIONPREVENTIVE AGENT COMPRISING
CHYMASE-INHIBITOR

OGroup Art Unit: 1624

Examiner: Richard Raymond

Confirmation No. 2680

## **AMENDMENT/REPLY TRANSMITTAL LETTER**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

	Enclosed is a reply for the above-identified patent application.						
	[X]	A Petition for Extension of Time is also enclosed.					
į	[]	A Terminal Disclaimer and the [ ] \$55.00 (2814) [ ] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.					
•	[]	Also enclosed is/are					
	[]	Small entity status is hereby claimed.					
	[]	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [ ] \$375.00 (2801) [ ] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).					
		[ ] Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.					
		[ ] Applicant(s) previously submitted, on, for which continued examination is requested.					
		[ ] Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with					

37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

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- [ ] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- [ ] No additional claim fee is required.
- [X] An additional claim fee is required, and is calculated as shown below:

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	Rате	ADD'L FEE
Total Claims	7	MINUS 20 =	0	× \$18.00 (1202) =	
Independent Claims	4	MINUS 3 =	1	× \$84.00 (1201) =	= 84.00
If Amendment adds mu	ltiple depend	ent claims, add \$28	0.00 (1203)	•	
Total Claim Amendmer	nt Fee				
If small entity status is	claimed, sub	tract 50% of Total (	Claim Amendi	nent Fee	
TOTAL ADDITIONA	L CLAIM I	EE DUE FOR TH	IS AMENDM	ENT	84.00

[X]	A total	tee ir	i the a	amount of \$	84.00	is enclosed.

[ ] Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: July 25, 2003

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